
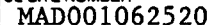


SITE: WELLS G & HBREAK: 1.2OTHER: 549920

 <b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>		<b>I. IDENTIFICATION</b> 01 STATE <u>MA</u> 02 SITE NUMBER <u>MAD001062520</u>	
<b>II. SITE NAME AND LOCATION</b>			
01 SITE NAME (Legal, common, or descriptive name of site) <u>Unifirst Corporation</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>15 Olympia Avenue</u>	
03 CITY <u>Woburn</u>	04 STATE <u>MA</u>	05 ZIP CODE <u>01801</u>	06 COUNTY <u>Middlesex</u>
09 COORDINATES LATITUDE <u>42° 30' 01" N</u>		07 COUNTY CODE <u>017</u>	
LONGITUDE <u>71° 07' 58" W</u>		08 CONG DIST <u>MA-07</u>	
10 DIRECTIONS TO SITE (Starting from nearest public road) <u>Going North on Route I-95 North take the Exit 38 off-ramp. Take right turn onto Washington Street, and take first right turn onto Olympia Avenue. Site is located on the right.</u>			
<b>III. RESPONSIBLE PARTIES</b>			
01 OWNER (If known) <u>Unifirst Corporation</u>		02 STREET (Business, mailing, residential) <u>15 Olympia Avenue</u>	
03 CITY <u>Woburn</u>	04 STATE <u>MA</u>	05 ZIP CODE <u>01801</u>	06 TELEPHONE NUMBER <u>617 933-5800</u>
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE			
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>			
01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1966</u> BEGINNING YEAR <u>present</u> ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED  <u>Tetrachloroethylene may have been accidentally spilled on site and migrated from site.</u>			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  <u>Potential hazard exists in off-site migration of Tetrachloroethylene by run-off and/or permeation through soil.</u>			
<b>V. PRIORITY ASSESSMENT</b>			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input checked="" type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
<b>VI. INFORMATION AVAILABLE FROM</b>			
01 CONTACT <u>Bob Cleary</u>		02 OF (Agency/Organization) <u>MA Dept. of Environmental Quality Eng.</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <u>Liyang Chu</u>		05 AGENCY <u>NUS</u>	06 ORGANIZATION <u>FIT Region I</u>
		07 TELEPHONE NUMBER <u>617 275-2970</u>	08 DATE <u>09 23 85</u> MONTH DAY YEAR







POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE MA 02 SITE NUMBER MAD001062520

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 30,000

02 ☒ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Based on monitoring wells installed by Environmental Research & Technology, Inc. (ERT) (Unifirst Consultant), by NUS Corp. (EPA contractor) both upgradient and downgradient of the facility, an observed release of tetrachloroethylene has been cited (to be published).

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Surface water runoff into the Aberjona River and surrounding wetlands.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Unknown. Contact presumed through ingestion of drinking water from Wells G & H.

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_

(Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

The tetrachloroethylene, if spilled on-site, would be likely to run-off into stormdrains, based on surface topography. However, the drains lead to the Aberjona River and may contaminate soil before entry into the waterway.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Same as Groundwater Contamination

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
MA MAD001062520

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Unknown. No site inspection has been conducted.

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Unknown. No site inspection has been conducted.

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Unknown. No site inspection has been conducted.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Unknown. No sampling or testing was conducted. Unifirst officials state that there was discharge to the sewer of wastewater (constituents unknown).

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 30,000

IV. COMMENTS

Unifirst Corporation is currently part of the on-going investigation of the contamination of Woburn Wells G & H. G and H have been shut down since 1979.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

1. Ecology and Environment, Inc. Report (See Part 2, VI), ERT, Inc. Report (See Part 2, VI).
2. NUS Corporation Final Remedial Investigation Report, TDD F1-8409-01 (to be published).